

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C90004185         </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW Suite 700		
(c) City, State and ZIP Code Washington DC 20005		
2. <b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Individual filers only</b> Name of Employer      Occupation	

**4. TYPE OF REPORT (check appropriate boxes):**

- (a) ☐ April 15 Quarterly Report      ☒ 24-Hour Notice      ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment?      Yes ☐      No ☒

**5. COVERING PERIOD: FROM**

M M  
0 8

D D  
2 6

Y Y Y Y  
2 0 0 8

THROUGH

M M  
0 8

D D  
2 6

Y Y Y Y  
2 0 0 8

6. TOTAL CONTRIBUTIONS .....

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

140.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM****SIGNATURE****DATE**

John Botts

08/26/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee  
Google

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Mailing Address  
PO Box 39000

Amount

City  
San FranciscoState  
CAZip Code  
94139-3181

70.00

Purpose of Expenditure  
On-line AdvertisingCategory/  
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
John McCainDisbursement For:  
2008☒ Primary☐ General☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

329737.31

Full Name (Last, First, Middle Initial) of Payee  
Google

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Mailing Address  
PO Box 39000

Amount

City  
San FranciscoState  
CAZip Code  
94139-3181

70.00

Purpose of Expenditure  
On-line AdvertisingCategory/  
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Barack ObamaDisbursement For:  
2008☒ Primary☐ General☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

329737.31

(a) SUBTOTAL of Itemized Independent Expenditures .....

140.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

140.00